Thompson, Robert

From:

Power, Glenda

Sent:

Tuesday, February 19, 2008 6:54 PM

To:

Thompson, Robert

Subject:

RE: Press Release and revised backgrounder.

We need to talk on this. I have some thoughts on approach and it impacts greatly on the materials. Can you please call me? 729-1377.

G

Glenda Power

Director of Communications

Department of Health and Community Services Government of Newfoundland and Labrador P.O.

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----Original Message----

From: Thompson, Robert

Sent: Tuesday, February 19, 2008 6:28 PM

To: Power, Glenda

Subject: Press Release and revised backgrounder.

Attached is draft press release and backgrounder. I need to add misdiagnoses and a few other things, but it is enough for you to start assessing.

Budget press release yet to come.

I have also attached a briefing deck which I will review with you and Min in morning, and could be basis for media technical briefing.

----Original Message----

From: Power, Glenda

Sent: Tue 2/19/2008 6:22 PM

To: Thompson, Robert Subject: For your review

Q&As on peer review attached and below.

Ouestions and Answers

Release of ER/PR Peer Review Documents

1. Minister, have you seen the peer review documents?

Yes. I reviewed a copy not long after the court decision.

2. Had you seen the peer review reports prior to the court decision?

No.

3. What is your reaction to the documents? Are you concerned about the findings of this peer review process?

We have known the recommendations that resulted from this peer review process for some time, and the content of the reports are in line with these recommendations. Our government appointed the Commission of Inquiry because of our desire to ensure we, and the residents of this province, have the most accurate understanding possible of what happened with hormone receptor testing for breast cancer patients.

4. Why didn't the province get involved in the court process involving this documentation? All other parties with standing before the commission had their say in court on this matter, but the province chose to remain silent - why?

The process involved in the court reaching a decision on the peer review documents related to ER/PR testing was an important one. This was a very complex question that needed the objectivity of the court. What the court process did was allow the differing viewpoints on the matter to be presented and to be taken into account. As a government, we respect that process and the decision that resulted from it.

The Commission of Inquiry is now moving forward in its very vital work towards ensuring that patients, families and the public understand what happened with respect to hormone receptor testing for breast cancer patients.

5. Were you made aware by Eastern Health of the issues addressed in these documents?

Eastern Health provided the Department with briefings between 2005 and 2007 about the quality reviews [this could be interpreted as the minister having seen the reports?] and the progress towards implementation of recommendations made in the reviews. Eastern Health also briefed the media on these topics in December 2006 and May 2007.

5. These documents seem to support that a key problem at Eastern Health was the incompetence of staff. Would you agree as well that the reports show that Eastern Health was to blame for faulty testing?

This government created the Commission of Inquiry to determine as best as possible what happened between 1997 and 2005 with respect to the problems with ER/PR tests. The peer review reports identify many deficiencies and the Commission will undoubtedly take these into account.

6. Do these reports strengthen the class action lawsuit?

The recommendations from the peer review reports have been known publicly for some time. The availability of the reports themselves will add to the body of information available.

7. Has Eastern Health implemented all the recommendations of the peer review reports?

Eastern Health has provided the Department with information regarding its implementation of the recommendations. We understand that [need info on status of degree of

implementation]. We also know that a December 2007 review of the IHC (Immunohistochemistry) laboratory by the Quality Management Program Laboratory Services of Ontario was complimentary about current ER/PR testing at Eastern Health, with the review indicating that it was equal to any laboratory in Ontario of similar size. As well, one of the questions to be studied by the Commission is whether the current ER/PR testing at Eastern Health is consistent with best practice.

The same people who managed the laboratory and ER/PR testing before 2005 are still in place. Do these reports not prove they should be removed?

Option A: This is a difficult question. Firstly, there is a new position of Director of the IHC laboratory providing dedicated leadership to this role, and there are new dedicated positions for technologists in this area as well. Secondly, it must be remembered that the people in place in 2005, once they identified the testing problem, initiated the re-testing process at Mount Sinai, brought in the peer reviewers, suspended testing in the lab, and re-tooled the lab until it was ready for reopening a year ago. Much positive change has occurred in the IHC lab. [Robert, I'm not sure we should have the minister defending Eastern Health lab staff, suggest alternate response below.]

Option B: I think we need to look at the fact that the lab has implemented recommendations from the peer review reports and a very recent review in December 2007 by the Quality Management Program Laboratory Services of Ontario was complimentary about current ER/PR testing at Eastern Health, with the review indicating that it was equal to any laboratory in Ontario of similar size.

The peer review reports state that if adequately skilled pathologists and technologists had been working in Eastern Health the problems with ER/PR testing may have been identified before 2005. What were the skill standards for these positions? Was Eastern Health lax in ensuring its staff had the appropriate skill sets for this type of work?

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10. Every woman who now undergoes ER?PR testing must be questioning the accuracy of her results. What do you say to these women?

We established the Commission of Inquiry to create a thorough picture of what went wrong with ER/PR testing so that the situation that occurred with the testing between 1997 and 2005 is never repeated. We also know right now that a December 2007 review of the IHC (Immunohistochemistry) laboratory by the Quality Management Program Laboratory Services of Ontario was complimentary about current ER/PR testing at Eastern Health, with the review indicating that it was equal to any laboratory in Ontario of similar size.

Glenda Power

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